



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. 2842754 REVISION 5 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

1400 Erskine St
Detroit, MI 48207
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

R & R FIRE TRUCK REPAIR INC
751 DOHENY
NORTHVILLE, MI 48167

SUPPLIER NO.	1053049	DATE OF ORDER/BUYER	15-APR-11 L Bedford	REVISED DATE/BUYER	23-NOV-15 H Hughes
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of Seller	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	(248) 344-4443

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER WAS CREATED IN ACCORDANCE WITH RFQ #36902 AND A PERIOD AGREEMENT						
	CITY COUNCIL APPROVAL DATE: APRIL 13, 2015 (\$400,000.00)						
	EM APPROVAL DATE 5-12-14, CC APPROVAL DATE: 5-6-14 (\$400,000.00)						
	FRC APPROVAL DATE : 5-18-2015						
	THIS IS EXERCISING FINAL RENEWABLE OPTION						
	FURNISH: GENUINE WARRANTABLE PARTS AND/OR REPAIR SERVICE FOR ALL FIRE APPARATUS TRUCKS.						
	THIS IS THE FINAL YEAR OF THE (3) YEAR TWO (2) YEAR RENWAL OPTION CONTRACT.						
	TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the Vendor.						
	It is the vendor's responsibility to mail or cause to be delivered a valid original invoice to Finance, Accounts Payable Section with a photographic copy to the contracting officer designated within the contract or purchase order.						
	A valid invoice meets the following requirements:						
	Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 1,300,000.00

DocuSigned by:

Boysie Jackson

1/11/2016

E7BD9F26F53A4D0

PURCHASING DIRECTOR'S SIGNATURE

NOT VALID WITHOUT AUTHORIZED SIGNATURE

CC Approved 12/17/15

FRC Approval 1/25/2016



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Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of Seller		(248) 344-4443

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	purchase order number, part of item number (as referenced in the purchase order)						
	Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)						
	Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)						
	INVOICING: All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment: a) Price on invoice must correspond to the pricing listed on purchase order and/or contract. b) Contractor must submit price lists in accordance with bid requirements. c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section. d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.						
	The individual responsible for accepting performance under this Purchase						

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Total 1,300,000.00

DocuSigned by:

Boysie Jackson

E7BD9F26E53A4D0

1/11/2016

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Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of seller		(248) 344-4443

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	Order is Edward Porche at at 313-628-0910. The contact person from whom payment should be requested is the same as above.						
	THIS RENEWAL APRIL 14, 2015 - MAY 31, 2016 Purchase Agreement Effective From: 01-JUN-11 To: 31-MAY-16					Amount Agreed: 1,300,000.00	

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Total 1,300,000.00

DocuSigned by:

Boysie Jackson

1/11/2016

E7BD9F26E53A400

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

ORACLE P.O. NO. 2842754
REQ. NO. 303855

DESCRIPTION:

CONTRACTOR: R& R Fire Truck Repair Inc.

AMOUNT: \$500,000.00 Contract Increase(Contract Total \$1,300,000.00)

USING DEPARTMENT: General Services Department (GSD)

ACCOUNTING STRING 3100- 350087- 000000-628500-13824-000000-00000

RESOLUTION (C.C. Res.) _____

DISTRIBUTION DATE: _____

BUYER:__Howard Hughes_____ **DATE:** 10-19-2015

FEB 05 2015

Howard
Hughes
313-224-4617



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

PHONE: _____

FAX: _____

Type of Clearance: ☐ New ☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

A. **For:**
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, MI 48226

Phone: (313) 224-3228 or 224-3329
Fax: (313) 224-4088

For:
Individual or
Company Name: RTR Fire Truck Repair, Inc.
Address: 751 Doherty

City: Northville
State: MI Zip Code: 48167
Telephone: 248-344-4443 Fax: 248-344-8670
E-mail Address: rick@rtrfiretruck.com

B. Name of Chief Financial Officer/Authorized Contact Person
(Include address if different from above)

Ricke Roselle

Employer Identification or Social Security Number

38-3070042

Telephone: 248-344-4443

Fax: 248-344-8670

Repeat Social Security Number

Nature of Contract: Apparatus repair

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____

Contract # (if known): _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: ☒ Individual ☐ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1-4

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
- Are you a student, and/or claimed as a dependent on a someone else's tax return? ☐ Yes ☐ No
- Were you employed during the last seven (7) years? ☐ Yes ☐ No
- Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5-7

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DBS-4). ☐ Yes ☒ No
- Will the company have employees working in Detroit? ☐ Yes ☒ No
- Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☒ No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City of Detroit Tax Commission?

☒ Yes ☐ No Signature: _____ Date: _____
☐ Yes ☐ No Signature: _____ Date: _____
☐ Yes ☐ No Signature: _____ Date: _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: LocalandDocClearance@detroitmi.gov.

MONTE FISHER
INCOME TAX INVESTIGATOR
FEB 09 2015
FEB 09 2016

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
 2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
 REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
 HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
 RECREATION WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT

DATE SENT

CONTACT PERSON

PHONE NUMBER

FAX NUMBER

EMAIL

CONTRACT AMOUNT \$

SECTION B: CORPORATION

LICENSE TYPE

CORPORATION NAME

ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

A: PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

DRIVER'S LICENSE #

OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

DRIVER'S LICENSE #

OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

OWNER'S NAME

DRIVER'S LICENSE #

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

DENIED WITH ATTACHMENTS

SIGNATURE

DATE

SEP 18 2015

CLEARANCE VALID UNTIL

JAN 15 2016

REVENUE COLLECTIONS
 APPROVED
 CONTRACT CLEARANCES

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance - Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of R+R Fire Truck Repair, Inc. (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, (hereinafter "City"); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization R+R Fire Truck Repair, Inc.
(Type or Print Legibly)

Contractor Address 751 Doherty Northville, MI 48167
(City) (State) (Zip)

Contractor Phone/E-mail 248-344-4443 / ricke@rrfiretruck.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Nancy Rosselle, President

Signature of Authorized Representative: Nancy Rosselle

Date: 10-24-13

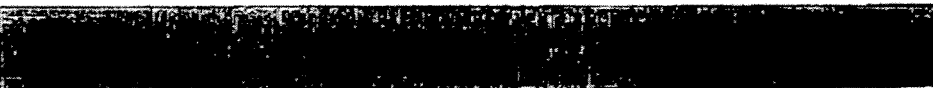
Signature of Notary: LeeAnn Perez This document MUST be notarized ***

Printed Name of Seal of Notary: LeeAnn Perez

My Commission Expires: 02/25/2019

LEEANN PEREZ
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 25, 2019
ACTING IN COUNTY OF OAKLAND

waiver



City Council Contract Agenda Items Review Checklist

Reviewer: Howard Hughes **Date Received:** 10/16/2015

Date: 10-16-2015

Department **GSD**

Division: **Fleet**

Dept Head/Contact Person: ED Porche Telephone No: 313-628-0910

Description: Repair Service , Genuine Warrantable Parts and/or Repair

Brief explanation-function of or need for the goods/services

Contract No.: 2842754 PO Type CPO Est. Value: \$ **1,300,000.00**

Contract Term (if applicable): 6-1-2011 to 5-31-2016

Funding Source: City: % State: ____%
Federal: ____% Other: **QOL** ____%

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: R& R Fire Truck Repair_Required Date:

1. The business being awarded is **NEW / RENEWAL** If a renewal, provide justification for renewal: **_THIS IS A CONTRACT INCREASE IN THE AMOUNT OF \$500,000.00**

2. Was the product or service competitively bid? ☒ Yes ☐ No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: _____

3. Was a Co-Operative Agreement Considered? ☒ Yes ☐ No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?

☐ Yes Amount \$_____

☒ No

5. Does this agreement represent an increase?

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

☐ Change in amount/volume of the good or service to be used. _____

6. Does the supplier currently provide other goods and services to the City? ☒ Yes ☐ No

If yes please list: _____

7. Is this good/service used by other departments? ☒ Yes ☐ No

If "yes" can this REQ/PAR be combined other department requirements? ☐ Yes ☒ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☐ Yes ☒ No

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes_____ No_____

☐

PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

☐

PLACE ON CITY COUNCIL AGENDA

☐

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____ DATE: _____

(Department)

INFORMATION PROVIDED BY: _____

TITLE: _____



CERTIFICATE OF LIABILITY INSURANCE

R&RFI-1

OP ID: SEL

DATE (MM/DD/YYYY)

04/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Holbrook Insurance Agency, LLC 29856 Northwestern Highway Southfield, MI 48034 Alicia Holbrook		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : The Hartford		00914	
		INSURER B : Accident Fund		10166	
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		35UUNQ08078	10/11/2015	10/11/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Garage		35UUNQ08078	10/11/2015	10/11/2016	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						Garage \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY		35UUNQ08078	10/11/2015	10/11/2016	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> Comp \$250					
	<input checked="" type="checkbox"/> Coll \$500					
	<input type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> DED					
	<input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV6118182	10/11/2015	10/11/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is listed as Additional Insured as their interest may appear per written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit Suite 1008- Coleman A Young Municipal Center 2 Woodward Ave Detroit, MI 48221	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Hiring Policy Compliance Affidavit

I, Ricke Rosselle, being duly sworn, state that I am the Vice President
 _____ of RJR Fire Truck Repair, Inc.
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

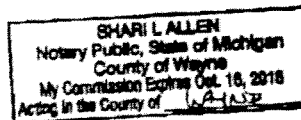
[Signature]

Title: Vice President Date: 4-9-14

STATE OF Michigan)
 COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 9 day of April, 2014,
 by Ricke Rosselle

[Signature]
 Notary Public, County of Wayne
 State of Michigan
 My commission expires: 10/16/2018



Application of Employment
R & R Fire Truck Repair, Inc.
751 Doheny Drive, Northville MI 48167
248-344-4443 248-344-8630 (fax)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Answer all questions. Please Print

Date of application: _____		
Positions Applied: _____		
Name: _____ Social Security # _____		
Last	First	Middle
List your addresses of residency for the past 3 years.		
Current Address:		
Street	City	State & Zip
How long have you lived there? _____ Phone: _____		
Previous Address: _____ How Long? _____		
Street	City	State & Zip

Have you ever worked for this company before? ____ If yes, where? _____
Previous dates of employment at R&R: _____
Reason for leaving: _____
Is there any reason you might be unable to perform the functions of the job for which you have applied? _____
Explain: _____

Education

Grade completed: 1 2 3 4 5 6 7 8	High School: 1 2 3 4	College 1 2 3 4	Degree? _____
Do you possess a diploma or GED? _____			

Employment History

All driver applicants to drive in commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle (*includes vehicles having a GVWR of 2 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity in requiring placard in intrastate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheet if necessary.)

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	

Traffic convictions, forfeitures, or accidents for the past 3 years.
(attach sheet if additional space is needed.)

DATES	INCIDENT	CHARGE	INJURIES/FATALITIES

Experience and Qualifications—Driver**Drivers Licenses**

STATE	LICENSE #	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NO
- B. Has any license, permit or privilege ever been suspended or revoked? ☐ YES ☐ NO

Driving Experience

Class of Equipment	Type of Equip- ment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Tractor-two trailers				
Motor-coach-school bus				
Other:				

Training, Experience, Qualifications and/or Award

Show any trucking transportation or other experience or qualifications that may help you in your work for this company:

TO BE READ AND SIGNED BY APPLICANT

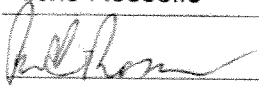
This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

Date

Applicant's Signature

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: R&R Fire Truck Repair, Inc.
2. Address of Contractor: 751 Doheny Drive
3. Name of Predecessor Entities (if any):
4. Prior Affidavit submission? No Yes, on:
(Date of prior submission)
 If "No", complete Items 5 and 6.
 If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5. ☒ Contractor was established in 1992 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
 Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
 Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Ricke Rosselle (Printed Name) Vice President (Title)
 (Signature) 3-14-11 (Date)

Subscribed and sworn to before me
 this 14 day of March 2011


 Notary Public, Wayne County, Michigan
 My Commission expires: June 26, 2014

System for Award Management

Page 1 of 1

[View assistance for Search Results](#)

SAM.gov will be down for a scheduled maintenance window from Friday, 03/27/2015, at 7:00 PM to Saturday, 03/28/2015, at 7:00 AM (EDT).

Search Results

Current Search Terms: "R&R Fire Truck"

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

Glossary**Search****Results**

Entity

Exclusion

Search**Filters**By Record
StatusBy
Functional
Area - Entity
ManagementBy
Functional
Area -
Performance
Information

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Howard Hughes - R and R Fire Truck Repair Authorized MI Dealer for Smeal Fire Apparatus

From: John Rasmus <john@smeal.com>
To: "hughesho@detroitmi.gov" <hughesho@detroitmi.gov>
Date: 10/15/2015 4:05 PM
Subject: R and R Fire Truck Repair Authorized MI Dealer for Smeal Fire Apparatus
Cc: Ricke Rosselle <ricke@rrfiretruck.com>

Mr. Howard Hughes,

With regard to service and repair of Smeal Fire Apparatus owned by the City of Detroit, R&R Fire Truck Repair, Inc., located in Northville, MI is the sole source for service and repair of Smeal Fire Apparatus products. R&R Fire Truck Repair, Inc. is the authorized Smeal Fire Apparatus distributor and service center for the state of Michigan and is an authorized Spartan chassis service center. The company and contact information is as follows:

Company:
Fire Truck Repair, Inc.
751 Doheny
Northville, MI 48167-1957

Contact:
Ricke Rosselle
248-344-4443
ricke@rrfiretruck.com

I appreciate your interest and continued support of Smeal Fire Apparatus Co. products.

Sincerely,

John Rasmus
Director of Customer Service
Smeal Fire Apparatus Co.
Office: 402-218-1541
Email: john@smeal.com

Attachments

Main	Source	Seq	Category	Description	Data Type	May Be Changed
		10	To Buyer	CONTRACT INCREASE	Short Text	<input checked="" type="checkbox"/>
		20	To Buyer	INCREASE FORM	File	<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Entity Name: REQ Header

WE NEED CONTRACT INCREASE FOR CPO #2842754 GENUINE WARRANTABLE PARTS AND/OR LABOR REPAIR SERVICE FOR ALL FIRE APPARATUS TRUCKS. ORIGINAL AMOUNT IS \$400,000.00 AND A \$400,000.00 INCREASE. WE ARE REQUESTING AN ADDITIONAL \$500,000.00 FOR REPAIRS TO FIRE ENGINES.

ACCOUNT STRING: 3100-350087-000000-628500-13824-000000-000000

IF YOU HAVE QUESTIONS, PLEASE CONTACT ED PORCHE, 628-0910.

☐ Include Related Documents

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Document Catalog...